

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

**SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION**

CENTER FOR MENTAL HEALTH SERVICES

**Community Youth Mental Health Promotion and Violence/Substance Abuse
Prevention Partnership Grants**

SHORT TITLE: Coalitions for Prevention Grants

Guidance for Applicants (GFA) No. SM 00-004

Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93. **230**

Under the authority of Section **501(d)(5)** of the Public Health Service Act, as amended (42 USC **290aa**), and subject to the availability of funds, the SAMHSA Center for Mental Health Services will accept applications in response to this Guidance for Applicants for the receipt date of July 12, 2000.

Bernard Arons, M.D.
Director, Center for Mental Health
Services

Nelba Chavez, Ph.D.
Administrator,
Substance Abuse and Mental
Health Services Administration

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Part I - PROGRAMMATIC GUIDANCE

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[Note to Applicants: In order to prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Guidance for Applicants (GFA) Documents" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

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Section I - OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS), announces the availability of grants to State and local governmental organizations to promote mental health and prevent violence and substance abuse among youth. Because effective mental health promotion and violence and substance abuse prevention programs in the community require commitment and coordination by the community's constituencies and service providers, the grants will support the development of self-sustaining coalitions and partnerships of State and local governments with community service delivery systems and community constituencies to:

- promote community-wide understanding of youth problem behaviors and approaches to preventing violence and substance abuse in schools and other community settings;
- assist communities in assessing youth behavioral, substance abuse and mental health problems, risk and protective factors for such problems, and service availability and gaps for needed services;
- support implementation and evaluation of mental health promotion activities, treatment services for youth problem behavior, and early childhood development services in communities;
- create opportunities for child service delivery systems to coordinate complementary and comprehensive violence and substance abuse prevention activities; and,
- plan and obtain community consensus and funding resources to enable programs that address youth violence, substance abuse, and mental health promotion to be self-sustaining.

This program, hereinafter referred to as "Coalitions for Prevention Grants," solicits applications that develop a statewide or sub-entity collaboration structure or organization for developing partnerships among governmental and community agencies and with involvement of key constituencies to address youth problems and healthy youth development. In addition, funding may be provided to support existing partnerships to help them develop resources and infrastructure for improving selection, implementation, and evaluation of needed youth services in communities. Thus, two types of grants will be available under this announcement:

- Planning and Partnership Development Grants: For State, Tribe, and sub-entities to develop new coalitions and partnerships with community service organizations and constituencies.

- Partnership Resource and Infrastructure Support Monies (PRISM): For existing coalitions/partnerships to develop resources and infrastructure to support program implementation and evaluation.

SAMHSA has embarked on this activity in recognition that successful, long-term promotion and prevention programs will be organized and financed locally. Each State, Tribe or political subdivision will take a slightly different approach in making promotion and prevention programming available within its boundaries. Some States will decide to offer programs and/or financing at the State level. Others will establish program parameters but leave specific program decisions to their political subdivisions. The Coalitions for Prevention Grants allow political entities to obtain Federal support to build the necessary relationships, organizational structures, financing mechanisms, and partnership agreements necessary to establish an infrastructure that will support promotion and prevention programming for the long-term.

Eligibility

States (as defined in Section 2 of the PHS Act which includes, in addition to the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands), political subdivisions of States, such as county and city governments and their organizational units, and Indian tribes or tribal organizations (as defined in Section 4(b) and Section 4(c) of the Indian Self-Determination and Education Assistance Act) are eligible to apply. Eligibility is limited to government entities due to their authority and responsibility to provide infrastructure to ensure the health and safety of the entire community. Non-governmental organizations and individual service providers lack the authority and responsibility for creating and maintaining the infrastructure to prevent youth violence.

Applicants may be the Office of the Governor, or the chief executive officer of a political subdivision in a State or Tribe or tribal organization, or a public office or administrative agency specifically designated in writing by that governor or chief executive officer. Evidence of this delegation must be included in Appendix 1 of the application to be considered.

Availability of Funds

It is estimated that up to **\$6.0 million** will be available to support approximately **25** awards under this GFA in FY **2000**.

It is estimated that 13 awards will be made for Planning and Partnership Development Grants, which are estimated to range from **\$150,000 to \$200,000** in total costs (direct and indirect) per year.

It is estimated that 12 awards will be made for PRISM which are expected to range from **\$300,000 to \$350,000** in total costs (direct and indirect) per year.

Actual funding levels for both types of grants depend upon the availability of appropriated funds.

Period of Support

Support may be requested for a period of up to 2 years for Planning and Partnership Development Grants and up to 3 years for PRISM. Annual awards will be made subject to continued availability of funds and progress achieved.

Section II - PROGRAM DESCRIPTION

Overview

Youth violence, which has become more lethal and random over the last decade, can take many forms, including fighting and more serious forms of violence between adolescent peers, bullying and other forms of aggression in schools (often involving younger or more vulnerable children), violence against family members such as parents or siblings, dating violence, gang-related violence, and suicide and suicide attempts. The causes of youth violence are varied, ranging from mental health problems to prior victimization. Regardless of cause, however, healthy emotional and social development is a potent protective factor against problem behavior in youth, including violence and substance abuse, and interventions to promote mental health in at-risk youth can significantly reduce engagement in violence and antisocial behavior.

To help counter the recent unprecedented rates of violent victimization and perpetration among the nation's youth, there is an urgent need for integrated systems of care to coordinate various approaches, interventions, and organizations to promote mental health and decrease violence and substance abuse. Youth violence prevention strategies and the individual interventions employed to achieve promotion and prevention objectives must involve families, service-providing agencies, and communities in a joint partnership. This grant program is designed to assist communities at all levels of government, in partnership with families, to build the community-wide infrastructure that will support a long-term commitment to healthy and safe childhood development through partnerships between government entities, community organizations and service providers with participation of youth, families and other constituents. Such collaboration can take place in an effective State and community partnership which includes representation of a range of important community views regarding youth violence. It must also provide a viable and sustainable infrastructure for the provision of prevention and promotion programs targeted at specific risk behaviors, including known correlates of aggressive behaviors (e.g. substance abuse).

A number of interventions have had success in preventing youth violence and substance abuse. A discussion of the research and effectiveness of exemplary programs is included in the Application Kit and/or may be obtained from the Federal Project Officers referred to in this announcement.

Population Served

The State, Tribe, or sub-entity who is a grantee will be served by the development of infrastructure to sustain effective mental health promotion and youth violence prevention. Grantees may define the target population by geographic residence, or an “at risk” group (e.g., pre-school, school-aged children, homeless youth, adolescents, and their families) who are at risk of becoming perpetrators, victims, or witnesses of violence.

The scope of Coalitions should be consistent with the scope of the proposed program, (e.g., statewide for State level applicant organizations) and should include consideration of youth service programming for the major community, racial, ethnic, cultural or social identification groups in the jurisdiction (e.g., major ethnic communities or groups, newly arrived immigrants) and risk status or youth problem groups (e.g., youth in gangs, homeless youth, low achieving students, incarcerated youth).

Program Plan

Goal(s) The goals of the Coalitions for Prevention Grants are:

1. To support the establishment or enhancement of a coalition/partnership infrastructure in communities involving State and local entities participating with community constituencies that will provide the framework for organizing, supporting and financing promotion and prevention programs. Such coalition/partnerships will:
 - involve governmental units with a wide range of community organizations or entities in developing and implementing a comprehensive approach to promotion and prevention; and
 - determine promotion/prevention activities and programming for the prevalent forms of violence, e.g., school violence, domestic violence, gang violence, suicide attempts, that affect youth in their geographical area and that are appropriate for the age and developmental levels being addressed.

2. To support coalition/partnerships that can provide resources for establishing common objectives and performance measures that the entire community can adopt for managing their promotion and prevention programs.
3. To identify and share exemplary partnerships in communities that are preventing youth violence and promoting mental health that can be role models for other communities wishing to achieve similar results.
4. To provide a network for communities to obtain useful information about effective promotion and prevention programs and successful implementation strategies. A network may include, education, juvenile justice, domestic violence, and health.

Design:

Flexibility in selecting an overall strategy for achieving the goals of the program is provided. The program offers two basic types of grants:

1. **Planning and Partnership Development Grants** support the development of partnerships that will implement mental health promotion and youth violence prevention programs consistent with a shared vision and with commitments made by the local system of care plan. Planning and Partnership Development Grants should propose substantial involvement of the State and/or local government mental health organization in all coalition/partnership activities. (See pages 9-18 for specifics.) Applicants for the Planning and Partnership Development Grants may pilot an exemplary service intervention after successful completion of the following six items.

- Identifying the key stakeholders in the community who can contribute to youth violence prevention including the representatives of youth, families, teachers, service providers and other community constituents who are on the front lines of violence and substance abuse prevention.
- Performing a comprehensive needs assessment of the risks and existing protective factors that affect youth violence and substance abuse in the target community, or providing resources or assistance to community organizations or coalitions in conducting such need assessment activities;
- Conducting the development of a strategic plan based on the needs assessment for addressing promotion and prevention for targeted youth. The resulting plan would contain a shared vision, clearly articulated and agreed upon goals and objectives, performance indicators that demonstrate progress made in accomplishing goals and

objectives, action strategies, including target violence prevention and resilience development programming, concrete assignment of roles and responsibilities, and an agreed upon timetable and milestones;

- Developing activities or resources that support community youth service systems to identify and select evidence-based promotion and prevention program interventions as part of a comprehensive strategy for violence and substance abuse prevention and healthy childhood development. Such interventions include, but are not limited to, programs designed to promote resiliency, involve parenting skills training and family strengthening, as well as early childhood development programs and mental health treatment, such as effective behavioral therapies and other proven treatments;
- Negotiating and executing needed partnership agreements that implement the strategic plan. Written Partnership Agreements specify the authority, responsibility and accountability mechanisms for each of the partners as well as the basis for ongoing relationships established for the partners. Agreements include documentation that coalition partners have made a commitment to enter into required Partnership Agreements for the long term. Key partnership agreements involve schools, local mental health organizations and other child serving agencies such as, but not limited to, child protective services and juvenile justice. Whether a State level grant or not, State level agencies may be participants and key stakeholders in any grant; and
- Developing and executing a financial plan to achieve sustainable funding for youth violence prevention/mental health promotion programs. Financing Agreements contain the specific provisions for investing resources in promotion and prevention programming for the foreseeable future. Agreements identify funding sources, necessary amendments to current spending plans, specific responsibilities for key partners/decision-makers, provisions for needed blending or pooling of multiple funding sources, and provisions for assuring fiscal accountability. Financing agreements include documentation of available funding resources at the State and local levels and from private sources and the likelihood of investment of such funding in coalition-sponsored activities and programs

2. **PRISM** supports partnerships that have already been created to develop resources and infrastructure to support and implement promotion and prevention strategies. Existing coalitions/partnerships are expected to have the six (6) items delineated under Planning and Partnership Development Grants (pages 5-6) in draft or final form prior to applying for PRISM. (See pages 19-29, for specifics to apply.)

PRISM supports partnerships that have already been created to develop resources and infrastructure to support and implement promotion and prevention strategies.

Such resources include:

- dedicated personnel (e.g., an Executive Director of the coalition or of an operational subunit of the coalition), in-house or contracted services (e.g., program implementation support, evaluation expertise, training in specific program implementation),
- data collection systems (e.g., for needs assessment or evaluation monitoring), or coordination planning or implementation (e.g., linking separate State youth data systems, supporting coordination among separate community coalitions),
- resources for expert consultation and training (e.g., in needs assessment, program implementation, evaluation, cultural competence in program development, and program monitoring) and,
- resources for locating or providing funding for program implementation (e.g., grant writing assistance, support for pilot demonstration service projects).

Program Coordination

This program is one part of SAMHSA's overall youth violence prevention initiative which includes the Interdepartmental Safe Schools/Healthy Students Grants, Youth Violence Prevention Cooperative Agreements, and the School Action Grants. Each of the individual grant programs is meant to complement the others by making Federal support available in a variety of ways so that each element of the community can make its contribution to mental health promotion and violence/ substance abuse prevention among its children and youth.

The program is expected to be part of the State's overall plan for children's mental health (e.g., the CMHS Community Mental Health Block Grant, CSAP Block Grant for Prevention, and the State Incentive Grant Program) and extends the focus of services to all at risk children and youth in an effort to prevent or delay onset of serious emotional disturbance rather than making the diagnosis a prerequisite for services. This prevention approach gives State and local mental health authorities the support they need to take a leadership role in expanding the vision for children's mental health services while they build partnerships with their colleagues in education, juvenile justice, and other child serving agencies.

CMHS, with the Departments of Education and Justice, has established the Safe Schools/Healthy Students Initiative (SS/HS) to promote a comprehensive framework for communities to use in addressing school and community violence that includes the following components: (1) school safety; (2) alcohol and other drugs and violence prevention and early intervention programs; (3) school and community mental health prevention and treatment services; (4) early childhood psychosocial and emotional development programs; (5) educational reform; and (6) safe school policies.

In jurisdictions where a SS/HS grant is in place, Coalitions for Prevention grantees are expected to use information from the SS/HS program. Planning and Partnership Development grantees will include the SS/HS grant site within the Partnership and Financing Agreements, and PRISM grantees will include the SS/HS grant site in the Permanence Plan. A list of the SS/HS grantees may be accessed at web site www.samhsa.gov

The CMHS-administered Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances and Their Families Program provides grants to implement a broad array of community-based and family-focused services. Included are individualized case planning and coordination, enabling communities to integrate child- and family-serving agencies, including health, mental health, substance abuse treatment, child welfare, education and juvenile justice into a local comprehensive system of care. Coordination with local providers of systems of care for children with more serious problems is an important component of a comprehensive approach to violence prevention and healthy childhood development. Additional information is available at web site www.samhsa.gov and www.mentalhealth.org

The Coalitions for Prevention Grant program is related to the Youth Violence Prevention Cooperative Agreement described in Guidance for Applicants No.SM 00-005, issued on March 6, 2000. That program offers support primarily to non-governmental organizations, whereas this Coalitions for Prevention Grant program offers support to States, Tribes, and their political subdivisions. Further, this program offers support primarily for building coalitions and their infrastructure, and for the planning needed for communities to develop and maintain successful youth violence prevention programs.

Evaluation Plan for Implementation and Outcomes (Measures/Parameters/Indicators):

Grants must include a minimum of 10% of the award for conducting an evaluation of the mental health promotion and violence prevention program implemented under the grant.

Applicants which encompass SS/HS sites are encouraged to develop evaluation plans and measures that are consistent with existing SS/HS evaluation procedures if possible, thus maximizing the potential for meaningful comparisons across sites.

Evaluations are not expected to employ experimental or quasi-experimental designs, although such designs would be welcome and given extra weight during review. Sound pre-post evaluations that are based on careful attention to accommodating as many mediating and moderating factors as possible are satisfactory. Special attention should be paid to accounting for known community factors that can effect evaluation results, especially when assessing accomplishment of client outcomes. Factors such as changes in the demographics of the target population, biased selection into programs, abnormal attrition rates, external incidents during

implementation and changes in available resources should be considered as part of the evaluation plan.

Role of Project Sites

Project Sites are expected to implement the project plan as detailed in the application and to consult with the Government Project Officer (GPO) on significant modifications or adaptations of the project plan. The Sites are expected to actively collaborate with the GPO in ongoing elaborations and adjustment of the project plan, share experience and expertise with other related programs and to write and disseminate the project experience and results. Technical assistance will be available to all Sites. The Project Director and Principal Evaluator are required to attend an annual two or three day national meeting of Sites; travel expenses for the meeting must be included in the budget for each year of the grant.

NOTE: Section III (Project Requirements) and Section IV (Review of Applications) of this GFA are specific to either the **Planning and Partnership Development Grant** application (pages 9-18) or the **PRISM** application (pages 19-29). Applicants should review all material and determine which grant is the most appropriate to their situation.

**PLANNING AND PARTNERSHIP DEVELOPMENT
GRANTS**

Section III - Project Requirements

Section IV - Review of Applications

Section III - PROJECT REQUIREMENTS

Planning and Partnership Development

All applicants must submit a 5 line, 72 characters per line, summary of the project for later use in publications, reporting to Congress, press releases, etc. should the application be funded. This may be the first 5 lines of the required 30-line project abstract, (see Application Requirements).

Applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of the GFA, Review of Applications for Planning and Partnership Development Grants, (page 15).

Applicants must specify on the cover page, in the abstract, and budget documents the name of the specific grant (Planning and Partnership Development or PRISM), and number of years for which they are applying.

A. Project Description with Supporting Documentation

Planning and Partnership Development Grants support the development of partnerships that will implement mental health promotion and youth violence prevention programs consistent with a shared vision and with commitments made by the local system of care plan. Planning and Partnership Development Grants should propose substantial involvement of the State and/or local government mental health organization in all coalition/partnership activities.

Statement of the Issue(s):

Applicants must establish the significance of their approach and that it is consistent with the current state of knowledge about mental health promotion and violence and substance abuse prevention. To do this, applicants should:

- C describe the issue(s) that they will address, be sure that the identified issue is relevant to the program goals outlined herein, and provide supporting documentation and data relevant to the issue(s);
- C demonstrate a need to resolve the problem and the potential impact if it is not resolved;
- justify the feasibility of establishing a statewide or community-wide coalition to determine common goals and a comprehensive approach to youth promotion/prevention, and potential access to funding and other resources;

- describe how a statewide or community-wide coalition/partnership could achieve a significant impact on youth mental health, violence and substance abuse by, for example, improving coordination of services, increasing levels or efficiency of funding, developing needed or innovative services, or providing data collection and program monitoring that would aid in promotion/prevention service development and evaluation; and
- show how the proposed approach is consistent with the state of the art in the areas of resiliency development, violence and substance abuse prevention programming AND in the areas of community networking and partnership building among key stakeholders.

Population:

Applicants must demonstrate that the population impacted by their grant is:

- consistent with the requirements established in this GFA;
- clearly defined and identified within the geographic area; and
- justified for any exclusions under SAMHSA's Inclusion Policy, Pg 1 in Part II.

Purpose and Goal(s):

The applicant's goals and objectives must be consistent with the goals of this GFA. Applicants should:

- C clearly state their purpose and how this proposed project will address the stated issue(s) and achieve the program goals;
- C clearly state their goal(s) and objective(s) using an outline form; and,
- C clearly state their expected contributions to the field, including innovations and/or the expansion of service capacity.

B. Project Plan

Applicants must present a Project plan that addresses the following issues: initial approaches to coalition building, resource and infrastructure development, for youth services programming, available resources, plans to incorporate program evaluation into youth promotion/prevention programming, and potential avenues of service financing and sustainability.

Success for Planning and Partnership Development Grants is achieved when the Strategic Plan is completed and the necessary Partnership and Financing Agreements are executed. The Strategic Plan and Agreements are to be feasible, accurate, reliable and have the support of all the key stakeholders.

Community Readiness:

Applicants must show that:

- C** a community dialogue on the issue of violence and substance abuse prevention including its relationship to mental health promotion, has been started and that there is significant involvement among community members in the dialogue;
- C** key stakeholders, including youth and family members are involved in the dialogue and are willing to participate in the planning and partnership building process; and,
- C** there are resources within the community to invest in promotion and prevention.

Design:

Applicants must demonstrate that their approach is likely to achieve their goals and objectives. The program design should be realistic, logical, comprehensive and consistent with accepted practice. Therefore, applicants should:

- C** describe and justify the approach chosen for their project;
- C** describe the extent to which prevention and promotion programming is based on evidence of proven effectiveness;
- C** provide strategies for involving key stakeholders, including the State Mental Health Authority, throughout the implementation of the project;
- clearly state how the proposed design will meet the stated goals and objectives of the applicant;
- clearly state, if applicable, the extent to which the proposed plan builds upon and complements existing SS/HS strategy.
- C** describe the proposed strategic planning process, including reference to methods for

- engaging all the key stakeholders;
- C** describe how youths, families, teachers and other key stakeholders will be engaged and how the applicant will facilitate their meaningful involvement throughout the process;
 - C** describe the methods that will be employed to develop feasible, reliable and comprehensive partnership agreements; and,

Evaluation Plan

Applicants should describe the process to evaluate:

- the success in identifying key stakeholders critical for the planning and implementation of a chosen evidence-based practice, i.e. persons with authority to make decisions and to commit resources. Evaluation should focus on the comprehensiveness of the list of key stakeholders and their perceived criticalness for success of program planning and implementation;
- the degree to which culturally diverse consumers, families, and community leaders are involved in the project;
- the success in engaging key stakeholders in the planning process. Assessment could include both formal means (e.g., letters of agreement, memos of understanding...) or informal means (e.g., offer of resources or support by key stakeholders);
- the effectiveness of the administration of the coalition/partnership (e.g., lead agency, agency partnerships, executive and advisory boards, consensus teams, use of outside facilitators);
- the decision-making process used in the planning process (e.g., consensus, delegation of decision-making areas, arbitration);
- measurement of commitment to the strategic plan by participants (e.g., attendance at collaboration meetings, evidence of trust or cooperation among participants, agreement on mission or goals of the collaboration, engagement in satisfaction of participants with the collaboration, processes used to overcome conflict and disagreements in the collaboration);
- documentation of contextual factors that impact on the planning and partnership

development process (e.g., change in participant representatives or decision, legislative or funding changes that impact the collaboration, historical events that impact the collaboration); and

- C describe how proposed financing can be assured.

Analyses and Results

Applicants must describe how they will use evaluation information to accomplish the goals of the grant and the overarching goals of the grant program. Applications should describe:

- C what information will be collected and reported, e.g. costs, quality of delivery, accessibility, utilization, organization structures, staffing patterns, cost benefit of treatment/prevention, protocol changes, client outcomes, etc.;
- culturally appropriate collection of data;
- how the evaluation data will be managed and analyzed to provide reliable and valid findings, including how the target population or key stakeholders will be involved in the interpretation of the data. Describe how the findings will be reported, disseminated and impact assessed;
- C the expected effectiveness of any adaptations made to the original design or service, the rationale for adaptations, how adherence/fidelity to adapted design or service and implementation plan will be achieved, and how results will be assessed as valid for the target population, i.e. construct validity; and
- C how the applicant will comply with GPRA requirements. Grantees are expected to comply with GPRA (Appendix A), including, but not limited to the collection of SAMHSA's Core Client Outcomes. Applicants should state the procedures that they will put in place to ensure compliance with GPRA. Each Center has an OMB approved instrument (the program contact on page 39 can assist applicants in contacting the Center's GPRA coordinator for a copy).

C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

Applicants must demonstrate they have the capacity to accomplish the goals and objectives of their grant application. To do this, applicants must describe the:

- C expected project management/implementation plan, etc. Complete an Implementation

- Plan Time Line that includes specific activity, target date for completion, and responsible person;
- C qualifications and experience of the project director and other key personnel;
 - C capability and experience of the applicant organization and collaborating organizations (where applicable);
 - C capability, experience, and evidence of commitment of proposed consultants and subcontractors;
 - C feasibility of accomplishing the project in terms of time frames, facilities, and equipment;
 - C evidence that the management plan, staffing pattern, project organization, and resources are appropriate and adequate for carrying out all aspects of the proposed project, and are sensitive to issues of language, age, gender, sexual orientation, and race/ethnicity/cultural; and
 - C evidence that the services are provided in a location that is accessible and environmentally sensitive to the population to be served.

Section IV - REVIEW of APPLICATIONS for *Planning and Partnership Development*

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The review criteria A-C below correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore it is important for applicants to follow carefully the bolded outline, headings, and subheadings when providing the requested information.

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. **The bulleted**

statements that follow each review criterion do not have weights. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. Project Description with Supporting Documentation { 30 Points}

Statement of the Issue(s)

- Extent to which the problem was adequately defined and evidenced by supportive data;
- Extent to which the mental health and substance abuse prevention opportunities and the population(s) targeted in this GFA are understood;
- C Extent to which a need was clearly demonstrated and potential impact defined; and
- C Extent to which the proposed approach is consistent with the state of the art in the areas of resiliency development, violence and substance abuse prevention, community networking, and partnership building among key stakeholders.

Target Population

- C Extent to which the targeted population is clearly defined and appropriate; and
- If applicable, the extent to which adequate justification for exclusion was demonstrated.

Purpose and Goal(s)

- Extent to which the proposed project purpose resolves the stated problem, including an understanding of particular violence and substance abuse prevention and mental health issues related to the target population;
- Extent to which the applicant demonstrates an understanding of the goals and objectives of the program as defined in this GFA;
- Extent to which the proposed project goal(s) will support meaningful and relevant

results; and

- Extent to which the achievement of those goals would advance the field, be assessed as innovative, and/or expand capacity.

B. Project Plan { 45 Points}

Community Readiness

- Extent to which a community dialogue on the issue of violence and substance abuse prevention has been started and that there is significant involvement among community members in the dialogue;
- Extent to which key stakeholders, including youth and family members, are involved in the dialogue and are willing to participate in the planning and partnership building process; and
- Extent to which there are resources within the community (State or local entities) to invest in violence and substance abuse prevention.

Design:

- Extent to which the proposed project plan addresses the program's and proposed project's plans and goals, including cultural appropriateness;
- Extent to which the applicant's literature review demonstrates an understanding of the state-of-the-art and/or science related to the defined problem and proposed solution, including cultural competence;
- Extent to which prevention and promotion programming is based on strong evidence of effectiveness;
- Extent to which the proposed plan involves youth, families, teachers, the State Mental Health Authority and other key stakeholders;
- Extent to which the project plan is inclusive and appropriately addresses age, race/ethnic, cultural, language, sexual orientation, ability, literacy, and gender issues in the proposed design activities such as models, outreach, intervention, and/or services, include appropriate adaptations; and

- For applicants with SS/HS sites, extent to which proposed plan builds upon and complements existing SS/HS comprehensive, integrated strategy.
- Extent to which the proposed planning process is consistent with best practices and provides for engaging all the key stakeholders;
- Extent to which the proposed approach is likely to yield feasible, reliable and comprehensive partnership agreements; and
- Extent to which the proposed financing can be assured.

Analyses and Results

- Appropriateness of strategies for data management, data processing and clean-up, quality control, and data retention;
- C Extent to which target population is involved in the interpretation of the findings;
- Extent to which consumers and family members are involved. The extent to which culturally diverse consumers, family members, and community leaders are involved in the development of service plans, making fiscal decisions, in data collection, in informing policy makers about the services needed, and in developing policy;
- Adequacy of the proposed reporting and dissemination plan of the findings;
- Extent to which the proposed project can supply the necessary agency GPRA data for information on adherence to intervention design, validity of results, dissemination of findings and next steps;
- Extent to which the proposed project can supply the necessary agency GPRA requirements and/or Core Client Outcomes; and
- Appropriateness of the proposed project's post-execution evaluation plan to monitor the performance of the project.

C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support { 25 Points}

- Extent to which the proposed plan implements the design and is timely, feasible, achievable, and realistic, as well as culturally appropriate. Adequacy of an

Implementation Plan Time Line;

- Capability and experience of the applicant organization with similar projects and populations;
 - Extent to which there is collaboration with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or organizations;
- C Evidence that the proposed staffing pattern is appropriate and adequate for implementation of the project;
- Qualifications and experience of the project director, and other key personnel, including proposed consultants and subcontractors;
 - Extent to which the staff's qualification is reflective of the target population or can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the target population;
 - Adequacy and availability of resources and equipment;
 - Evidence that the activities or services are provided in a location/facility that is adequate and accessible, and the environment is conducive to the population to be served;
 - Adequacy of additional resources not budgeted for that will be utilized to implement this project; and
 - Appropriateness of a plan to secure resources in order to phase out or extend this project beyond the federally-funded program years.

PRISM

Section III - Project Requirements

Section IV - Review of Applications

Section III - PROJECT REQUIREMENTS

for
PRISM

All applicants must submit a 5 line, 72 characters per line, summary of the project for later use in publications, reporting to Congress, press releases, etc. should the application be funded. This may be the first 5 lines of the required 30-line project abstract, (see Application Requirements).

Applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of the GFA, Review of Applications for PRISM (page 25).

Applicants must specify on the cover page, in the abstract, and budget documents the name of the specific grant (Planning and Partnership Development or PRISM), and number of years for which they are applying.

A. Project Description with Supporting Documentation

PRISM supports activities that eliminate barriers to implementation, and provides for the development of sustainable promotion and prevention programming, and for leveraging direct service resources that are used to fund promotion and prevention programs.

Statement of the Issue(s):

Applicants must establish the significance of their approach and that it is consistent with the current state of knowledge about mental health promotion and violence and substance abuse prevention. To do this, applicants should:

- C describe the issue(s) that they will address, be sure that the identified issue is relevant to the program goals outlined herein, and provide supporting documentation and data relevant to the issue(s);
- C demonstrate a need to resolve the problem and the potential impact if it is not resolved;
- demonstrate a statewide or community-wide coalition to determine common goals and a comprehensive approach to youth promotion/prevention, and potential access to funding and other resources;
- describe how the statewide or community-wide coalition/partnership could achieve a significant impact on youth mental health, violence and substance abuse by, for

- example, improving coordination of services, increasing levels or efficiency of funding, developing needed or innovative services, or providing data collection and program monitoring that would aid in promotion/prevention service development and evaluation; and
- show how the proposed approach is consistent with the state of the art in the areas of resiliency development, violence and substance abuse prevention programming AND in the areas of community networking and partnership building among key stakeholders.

Population:

Applicants must demonstrate that the population impacted by their grant is:

- consistent with the requirements established in this GFA;
- clearly defined and identified within the geographic area; and
- justified for any exclusions under SAMHSA's Inclusion Policy, Pg 1 in Part II.

Purpose and Goal(s):

The applicant's goals and objectives must be consistent with the goals of this GFA. Applicants should:

- C clearly state their purpose and how this proposed project will address the stated issue(s) and achieve the program goals;
- C clearly state their goal(s) and objective(s) using an outline form; and,
- C clearly state their expected contributions to the field, including innovations and/or the expansion of service capacity.

B. Project Plan

Applicants must present a Project plan that addresses the following issues: coalition enhancement, strategic implementation planning, financing, and sustainability. Applicants are expected to specify the current status of efforts on these issues (e.g., existence of a current statewide violence prevention coalition), identification of problems/issues to be addressed (e.g., agreement on a statewide initiative to reduce peer aggression in schools that is supported by the State's school systems), approaches to coalition building, resource and infrastructure development, youth services programming, available resources, plans to incorporate program

evaluation into youth promotion/prevention programming, and avenues of service financing and sustainability.

PRISM grant projects are successful when mental health promotion and violence and substance abuse prevention programming is fully implemented and accessible by the entire target population and a feasible and reliable Permanence Plan is in place for continuing services for the foreseeable future after expiration of the Federal grant. The Plan must be agreed to by key stakeholders/decision-makers.

It is expected that applicants will describe a plan or approach for an existing coalition to finalize, if not already completed, a:

- Strategic Implementation Plan detailing the activities of the coalition in information collection and dissemination, programming and evaluation support, and resource and infrastructure development;
- Financing Plan to achieve service funding for youth promotion/prevention services through existing funding sources, reallocation of funding sources, or development of new funding sources;
- Sustainability Plan to continue and to expand coalition activities and youth promotion/prevention services following termination of Federal support.

Community Readiness:

Applicant must show that:

- resources are available to support direct delivery and sustainability of promotion and prevention services;
- coalition partners agree to all elements of a strategic promotion and prevention plan, including performance measures; and
- which key, productive relationships among agency and community officials already exist, and, if relevant, which additional relationships will be sought.

Design

Applicants must show:

- the partners have agreed to a shared vision and set of values underlying the

- implementation effort;
- key relationships among agencies, community officials, youth, and families already exist;
 - there is a track record of cooperation among the partners;
 - there are written agreements in place that memorialize the partnerships
 - a coordinating body exists;
 - a decision-making and dispute resolution and problem solving mechanism is in place and the partners agree to use the mechanism;
 - agreed-upon measures of successful implementation exist and the partners agree to collect the necessary data; and,
 - if an expansion to make the coalition more inclusive or its goals or activities more comprehensive is planned, it is described in full.

Applicants should also:

- C** describe the accountability mechanism that will be employed to ensure commitments are maintained and timetables are met;
- C** describe how youths, families, teachers, State Mental Health Authority, and other key stakeholders will be engaged and how the grantees will facilitate their meaningful involvement throughout the process;
- C** describe the program theory that unifies the various components of the implementation plan in a manner that takes most advantage of the strengths of the partners and existing mental health promotion and violence and drug abuse prevention activities;
- C** devise, collect and report data on program performance measures that address both mental health promotion and delivery of violence prevention programming to the target population, and progress toward accomplishing desired outcomes affecting reductions in violence and drug abuse as well as healthy child development; and
- the fidelity of program implementation - the extent to which the coalition/partnership administers the program with fidelity to the goals, structure, and procedures of the program as designed by the program developers;

- conformance with partnership commitments from all of the implementation partners;
- the quality and usefulness of the resources and infrastructure developed by coalition activities for program implementation; and
- the extent to which target client level outcomes are achieved, and determination of the costs of the implementation relative to these objectives

Analyses and Results

Applicants must describe how they will use evaluation information to accomplish the goals of the grant and the overarching goals of the grant program. Applications should describe:

- C what information will be collected and reported, e.g. costs, quality of delivery, accessibility, utilization, organization structures, staffing patterns, cost benefit of treatment/prevention, protocol changes, client outcomes, etc.;
- culturally appropriate collection of data;
- how the evaluation data will be managed and analyzed to provide reliable and valid findings, including how the target population or key stakeholders will be involved in the interpretation of the data. Describe how the findings will be reported, disseminated and impact assessed;
- C the expected effectiveness of any adaptations made to the original design or service, the rationale for adaptations, how adherence/fidelity to adapted design or service and implementation plan will be achieved, and how results will be assessed as valid, i.e. construct validity; and
- C how the applicant will comply with GPRA requirements. Grantees are expected to comply with GPRA including, but not limited to the collection of SAMHSA's Core Client Outcomes. Applicants should state the procedures that they will put in place to ensure compliance with GPRA. (Appendix A) Each Center has an OMB approved instrument (the program contact on page 39, can assist applicant in contacting the Center's GPRA coordinator for a copy).
- C. **Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support**

Applicants must demonstrate they have the capacity to accomplish the goals and objectives of their grant application. To do this, applicants must describe the:

- C expected project management/implementation plan, etc. Complete an Implementation Plan Time Line that includes specific activity, target date for completion, and responsible person;
- C qualifications and experience of the project director and other key personnel;
- C capability and experience of the applicant organization and collaborating organizations (where applicable);
- C capability, experience, and evidence of commitment of proposed consultants and subcontractors;
- C feasibility of accomplishing the project in terms of time frames, facilities, and equipment;
- C evidence that the management plan, staffing pattern, project organization, and resources are appropriate and adequate for carrying out all aspects of the proposed project, and are sensitive to issues of language, age, gender, sexual orientation, and race/ethnicity/cultural; and
- C evidence that the services are provided in a location that is accessible and environmentally sensitive to the population to be served.

Section IV - REVIEW of APPLICATIONS for ***PRISM***

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The review criteria A-C below correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore it is important for applicants to follow carefully the bolded outline, headings, and subheadings when providing the requested information.

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. **The bulleted statements that follow each review criterion do not have weights.** The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. Project Description with Supporting Documentation { 30 Points}

Statement of the Issue(s)

- Extent to which the problem was adequately defined and evidenced by supportive data;
- Extent to which the mental health and substance abuse prevention opportunities and the population(s) targeted in this GFA are understood;
- C Extent to which a need was clearly demonstrated and potential impact defined; and
- C Extent to which the proposed approach is consistent with the state of the art in the areas of resiliency development, violence and substance abuse prevention, community networking, and partnership building among key stakeholders.

Target Population

- C Extent to which the targeted population is clearly defined and appropriate; and
- If applicable, the extent to which adequate justification for exclusion was demonstrated.

Purpose and Goal(s)

- Extent to which the proposed project purpose resolves the stated problem, including an understanding of particular violence and substance abuse prevention and mental health issues related to the target population;
- Extent to which the applicant demonstrates an understanding of the goals and objectives

of the program as defined in this GFA;

- Extent to which the proposed project goal(s) will support meaningful and relevant results; and
- Extent to which the achievement of those goals would advance the field, be assessed as innovative, and/or expand capacity.

B. Project Plan { 45 Points}

Community Readiness

- Extent to which resources are available to support direct delivery and sustainability of promotion and prevention services;
- Extent to which the partners agree to all elements of a strategic promotion and prevention plan, including performance measures; and
- Extent to which key, productive relationships among agency and community officials already exist.

Design:

- Extent to which the proposed project plan addresses the program's and proposed project's plans and goals, including cultural appropriateness;
- Extent to which the applicant's literature review demonstrates an understanding of the state-of-the-art and/or science related to the defined problem and proposed solution, including cultural competence;
- Extent to which prevention and promotion programming is based on strong evidence of effectiveness;
- Extent to which the proposed plan involves youth, families, teachers, State Mental Health Authority, and other key stakeholders;
- Extent to which the project plan is inclusive and appropriately addresses age, race/ethnic, cultural, language, sexual orientation, ability, literacy, and gender issues in the proposed design activities such as models, outreach, intervention, and/or services, include appropriate adaptations; and
- For applicants which have SS/HS sites, extent to which proposed plan builds upon and

complements existing SS/HS comprehensive, integrated strategy.

- Appropriateness of the accountability mechanism that will be employed to ensure commitments are maintained and timetables are met;
- Extent to which youth, families, teachers and other constituencies will be engaged and how the grantees will facilitate their meaningful involvement throughout the process;
- Extent to which the project plan takes advantage of the strengths of each of the partners in the areas of mental health promotion and violence/substance abuse prevention;
- Extent to which the proposed financing can be assured; and
- Extent to which data on program performance measures both mental health promotion and delivery of violence prevention programming to the target population, and progress toward accomplishing desired outcomes affecting reductions in violence and drug abuse as well as healthy child development.

Evaluation

- C Extent to which the applicant demonstrates that the methodology is conducive to the design and study question(s) and/or service evaluations, as well as appropriate for the target population;
- C Appropriateness of the analytic design, including strategies to control for bias and confounding variables and appropriate use of qualitative methods within the process evaluation;
- Appropriateness of measurement selection or evaluation instruments; that is, validity and reliability of existing measures selected or strategies for obtaining validity and reliability of measures to be developed, and the appropriateness of the aforementioned measures for the target population; and
- Extent to which applicant has strategies for documenting the project for purposes of future replication.
- Extent to which the evaluation addresses fidelity of implementation, conformance to commitments by all partners, quality and usefulness of the resources and infrastructure, and achievement of client level outcomes.

Analyses and Results

- Appropriateness of strategies for data management, data processing and clean-up, quality control, and data retention;
- C Extent to which target population is involved in the interpretation of the findings;
- Adequacy of the proposed reporting and dissemination plan of the findings;
 - Extent to which the proposed project can supply the necessary agency GPRA data for information on adherence to intervention design, validity of results, dissemination of findings and next steps;
 - Extent to which the proposed project can supply the necessary agency GPRA requirements and/or Core Client Outcomes; and
 - Appropriateness of the proposed project's post-execution evaluation plan to monitor the performance of the project.

C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support { 25 Points}

- Extent to which the proposed plan implements the design and is timely, feasible, achievable, and realistic, as well as culturally appropriate. Adequacy of an Implementation Plan Time Line;
 - Capability and experience of the applicant organization with similar projects and populations;
 - Extent to which there is collaboration with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or organizations;
- C Evidence that the proposed staffing pattern is appropriate and adequate for implementation of the project;
- Qualifications and experience of the project director, and other key personnel, including proposed consultants and subcontractors;
 - Extent to which the staff's qualifications are reflective of the target population or can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the target population;

- Adequacy and availability of resources and equipment;
- Evidence that the activities or services are provided in a location/facility that is adequate and accessible, and the environment is conducive to the population to be served;
- Adequacy of additional resources not budgeted for that will be utilized to implement this project, if applicable; and
- Appropriateness of a plan to secure resources in order to phase out or extend this project beyond the federally-funded program years.

Section V. SPECIAL CONSIDERATIONS/REQUIREMENTS

(NOTE: **This section and all following materials** apply to both the Planning and Partnership Development Grants and the PRISM grants.)

SAMHSA's policies and special considerations/requirements related to this program include:

- o Population Inclusion Requirement
- o Government Performance Monitoring
- o Healthy People 2010 focus area(s) related to this program are: 1, 7, 11, 16, 18, 23 and 26.
- o Consumer Bill of Rights
- o Promoting Nonuse of Tobacco
- o Supplantation of Existing Funds
- o Letter of Intent
- o Coordination with Other Federal/Non-Federal Programs
- o Single State Agency Coordination
- o Intergovernmental Review (E.O. 12372)
- o Public Health System Reporting Requirements
- o Confidentiality/SAMHSA Participant protection The SAMHSA CMHS Director has determined that projects funded under this program must meet SAMHSA Participant Protection requirements.

Specific guidance and requirements for the application related to these policies and special considerations/ requirements can be found in Part II in the section by the same name.

Section VI - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

SM00-004 Community Prevention Grants

Applicants must specify on the cover page, in the abstract, and budget documents the name of the specific grant (Planning and Partnership Development or PRISM), and number of years for which they are applying.

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following

address.

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to 20817

Complete application kits for this program may be obtained from the Knowledge Exchange Network (KEN) a clearinghouse, phone number: 800-789-2647. The address for KEN is provided in Part II.

Application Receipt and Review Schedule

The schedule for receipt and review of applications under this GFA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date
July 12, 2000	August 2000	September 2000	September 2000

Applications must be received by the above receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

(NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

Consequences of Late Submission

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

Application Requirements/Component Check List

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in

Part I Programmatic Guidance and Part II General Policies and Procedure Applicable to all SAMHSA GFA Documents.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project. All pages, except the cover page of the application, should be paginated.

To ensure that sufficient information is included for the technical merit review of the application, the Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

1. Program Description
2. Project Requirements
3. Guidelines and Review Criteria for Applicant

Note: It is requested that on a separate sheet of paper the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

- FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)
- OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)
- ABSTRACT (not to exceed 30 lines)
- TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)
- BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)
- PROGRAM NARRATIVE (The information requested for sections A-C of the Project

Requirements is discussed in the subsections with the same titles in Section II - Project Description, and Section III - Project Requirements, and Section IV Review of Application. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.)**

- A. Project Description with Supporting Documentation
- B. Project Plan: Goals, Target Population, Design, Methodology/Evaluation, Analyses and Reporting
- C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

There are no page limits for the following sections D-G except as noted in F. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25 page limitation for sections A-C.

- D. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)
- E. Budget Justification/Existing Resources/Other Support

___Sections B, C, and E of the Standard Form 424A must be filled out according the instructions in Part II, Appendix B.

___A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).

___All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

F. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

G. Confidentiality/SAMHSA Participant Protection

The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards set forth in Title 45, Part 46, of the Code of Federal Regulations. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of participants, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

- (a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.
- (b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.
- (c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- (d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

- (a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.
- (b) Explain the rationale for the use of special classes of subjects, such as pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.
- (c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

- (a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).
- (b) If participants are paid or awarded gifts for involvement, explain the remuneration process.
- (c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

- (a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).
- (b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

- (c) Provide in Appendix No. 5, entitled “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

- (a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.
- (b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

- (c) Indicate whether it is planned to obtain informed consent from

participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 6, entitled “Sample Consent Forms.” If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

- (d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

- APPENDICES Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES**, excluding all instruments.

- Appendix 1: Eligibility Certification Documents
- Appendix 2: Letters of Coordination/Support
- Appendix 3: Copy of Letter(s) to SSA(s)
- Appendix 4: Organizational Structure/Timeline/Staffing Patterns
- Appendix 5: Data Collection Instruments/Interview Protocol

Appendix 6: Sample Consent Forms

- ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)
- CERTIFICATIONS
- DISCLOSURE OF LOBBYING ACTIVITIES
- CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names.

Award Decision Criteria

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CMHS National Advisory Council review process.

Other award criteria will include:

- Availability of funds.
- Geographic distribution of potential grant sites.
- Distribution of grants among States, counties, cities and other political subdivisions.
- Overall balance among differing approaches to implementation of youth violence prevention strategies.

Post Award Requirements

Financial status reports will be required as specified in the PHS Grants Policy Statement requirements and the applicant will be informed of the specific requirements after award. In addition, programmatic interim and final progress reports will be required and will be specified by Grants Management Office after award. In accepting the award, the grantee agrees to provide SAMHSA with OMB approved Government Performance and Results Act (GPRA) program evaluation data (see Appendix A). The Project Director, Principle Evaluator are

required to attend an annual two-three day meeting of Sites; travel expenses for the meeting must be included in the budget for each year of funding.

Grantees are expected to supply data and other information necessary for SAMHSA to comply with GPRA requirements, including but not limited to collection of SAMHSA's Core Client Outcomes for Discretionary programs if the program provides direct services to clients. Grantee applications should state the procedures they will put in place to ensure collection of necessary GPRA data and the collection of Core Client Outcomes data. Additional information can be found in Appendix A. The Core Client Outcomes can be found on the SAMHSA website at <http://www.samhsa.gov/dfm/2001budget/intro.htm>.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Michele L. Edwards, M.A., ACSW
Special Programs Development Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17C-05
5600 Fishers Lane
Rockville, MD 20857
(301) 443-7713

Questions regarding grants management issues may be directed to:

Steve Hudak
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 13C-103

5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-4456

References

1. P. Kaufman, X. Chen, S.P. Choy, et al., (1998) Indicators of School Crime and Safety, October, 1998, National Center for Education Statistics, Department of Education, NCES 98-251.
2. Ibid.
3. Ibid.
4. L.A. Fingerhut, et al., (1992) Firearm and Nonfirearm Homicide Among Persons 15-19 Years of Age: Differences by Level of Urbanization, United States 1979 Through 1989. *Journal of the American Medical Association*, 267, 3048-3053 (1992); and Lowry, D. Sleet, C. Duncan, K. Powell and L. Kolbe, (1995) Adolescents at Risk for Violence, *Educational Psychology Review*, 7, 7-39.
5. American Psychological Association (1993) *Violence & Youth*, Vol. I: Summary Report of the American Psychological Association on Violence and Youth, American Psychological Association, Washington, D.C.
6. Ibid.

APPENDIX A

CMHS GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all Federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their success and failures based on the performance monitoring data.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or “as needed” to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. ¹
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

¹GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.